

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04840

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Adamstown-Rural RD#1		LENGTH OF STAY (If rural, give location) 45 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Adamstown-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pleasant View				STREET ADDRESS Pleasant View	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month) (Day) (Year)
	ARTHUR	FREDERICK	AMBUSH	5	24 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days If under 24 hrs. Hours Min.
Male	Colored	Married	Unknown	82 ? yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Domestic - New Rochelle, N.Y.		Francis Scott Key Hotel		Maryland	
13. FATHER'S NAME Frederick Ambush			14. MOTHER'S MAIDEN NAME Sarah Ellen Jackson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY No.		
No			218-24-9844		
17. INFORMANT AND ADDRESS			R. F. D. #1, Adamstown, Md.		

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Chronic myocarditis

2 years

Antecedent cause(s)

(b) Acute dilatation heart.

4 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
		INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from May 20, 1951, to May 23, 1951, that I last saw the deceased alive on May 22, 1951, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	28 May 1951	Colored Cemetery	Point of Rocks, Maryland	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
25 May 1951	Elizabeth J. Heck	M. R. Etchison & Son, Frederick, Maryland		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

720836

RECEIVED  
MAY 28 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

04841

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Carroll</u>	
CITY (If outside corporate limits, write RURAL, and give nearest town) <u>FREDERICK</u>		TOWN <u>Sykesville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick City Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>STANLEY</u> <u>R. (HOOD)</u> <u>BAKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY</u> <u>3</u> <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>6-30-1938</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>in school</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday (If under 1 year Months Days) (If under 24 hrs. Hours Mins.) <u>12</u> yrs. <u>3</u> hrs. <u>5</u> mins.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13. FATHER'S NAME <u>Howard F. Hood</u>		14. MOTHER'S MAIDEN NAME <u>Mary Gerst</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Jas. O. Baker, Sykesville, Md.</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Bullet wound of head</u>			
Antecedent cause(s) (b) <u>184</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, or office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE) <u>Sykesville</u> <u>Md.</u>
TIME (Month) (Day) (Year) OF INJURY <u>May 2, 1951 - 8:30 pm</u>		HOW DID INJURY OCCUR? <u>firearms (5/17/51 etc)</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input checked="" type="checkbox"/>			
SIGNATURE <u>Stanley K. Dunsicker M.D.</u>		DATE SIGNED <u>May 3, 1951</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		DATE THEREOF <u>5-7-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Ebenezer</u>
LOCATION (City, town, or county) (State) <u>Carroll Co. Md.</u>		24. FUNERAL DIRECTOR <u>C. M. Waltz, Winfield, Md.</u>	
DATE REC'D BY LOCAL REG. <u>4 May 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Hecker</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 7 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04842

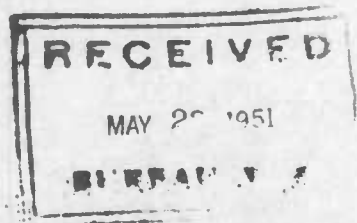
Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 429 West South Street	
3. NAME OF DECEASED (First) GERTRUDE	(Middle) S.	(Last) BOWERS	4. DATE OF DEATH (Month) May (Day) 20 (Year) 19 51
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH June 27, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE last birthday 74 yrs. If under 1 year Months Days Hours Min.
11. FATHER'S NAME Edward Davis		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Raymond E. Bowers, Frederick, Maryland		18. MEDICAL CERTIFICATION	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Hemorrhage			1 wk
Antecedent cause(s) (b) Hypertension			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/14, 1951, to 5/20, 1951, that I last saw the deceased alive on 5/20, 1951, and that death occurred at 5:22 P.m., from the causes and on the date stated above.			
SIGNATURE E. P. Thomas (Degree or title)		ADDRESS Frederick, Maryland DATE SIGNED 5/22/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 23, 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland (State)
DATE REC'D BY LOCAL REG. 22 May 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heck	24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

04843

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS DA Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 321 North Bentz Street	
3. NAME OF DECEASED (Type or Print) Also known as Frank (Giddle) CURTIS FRANKLIN		4. DATE OF DEATH (Month) 5 (Day) 30 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 19 Nov 1896
9. AGE last birthday 54 yrs.		10. If under 1 year Months Days 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James W. Brashears		14. MOTHER'S MAIDEN NAME Anna E. Bruner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 217-05-0893	
17. INFORMANT AND ADDRESS Mrs. Alverta Brashears, 321 N. Bentz St., Frederick, Md.			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

1952 Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Fracture 8th rib of back

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 1, 1951, to May 30, 1951, that I last saw the deceased alive on May 29, 1951, and that death occurred at 12:15 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 1 June 1951		NAME OF CEMETERY OR CREMATORY Methodist Cemetery		LOCATION (City, town, or county) Lewistown, Maryland		(State)	
DATE REC'D BY LOCAL REG. 1-June-1951		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS			

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

510246



RECEIVED  
JUN 2 1954  
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

04844

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>	
TOWN <u>Brunswick</u>		TOWN <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>E. Bound Hump - Engine</u>		STREET ADDRESS (If rural, give location) <u>534 W. Potomac</u>	
3. NAME OF DECEASED (Type or Print) <u>Howard</u> (First) <u>Eldridge</u> (Middle) <u>Burges</u> (Last)		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>21</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-27-89</u>
9. AGE last birthday <u>61</u> yrs.		10. If under 1 year: Months <u>10</u> Days <u>24</u> Hours <u>24</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steam Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B.R.R. Co</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Miles Burges</u>		14. MOTHER'S MAIDEN NAME <u>Ida Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>705-09-1773</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Cora Spurrier Burges</u>		<u>Brunswick Md</u>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Coronary occlusion</u>			
Antecedent cause(s) (b) <u>Arteriosclerosis</u>			
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arteriosclerosis</u>			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		PLACE (Home, farm, factory, street, office, etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) <u>Death 5-21-51 11 A.M.</u>		<u>Brunswick, Frederick, Md.</u>	
INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
SIGNATURE <u>DR. R. W. BAER</u>		DATE SIGNED <u>5-21-51</u>	
DEPUTY MEDICAL EXAMINER <u>R. W. Baer</u>		NAME OF CEMETERY OR CREMATORY <u>Friedenwald, Md.</u>	
23. BURIAL, CREMATION OR REMOVAL (Specify) <u>Burial</u>		LOCATION (City, town, or county) (State) <u>Frederick, Md.</u>	
DATE REC'D BY LOCAL REG. <u>May 21-51</u>		24. FUNERAL DIRECTOR <u>C. H. Tectate</u>	
REGISTRAR'S SIGNATURE <u>Kathryn N. Brown</u>		ADDRESS <u>Bro Brunswick, Md.</u>	

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04845

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH - COUNTY <b>Frederick</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <b>Maryland</b>		COUNTY <b>Prince George's</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>TOWN</b>		LENGTH OF STAY (in this place) <b>From 5-11-51 to 5-30-51</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>TOWN Berwyn</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>State Sanatorium</b>				STREET ADDRESS <b>4906 Huron Street</b>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) <b>Mary</b>		(First)		(Middle)		(Last)	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		4. DATE OF DEATH <b>May 30 1951</b>	
8. DATE OF BIRTH <b>Apr. 17, 1911</b>		9. AGE last birthday <b>40</b> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>Frank Fisher</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Rosenburger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		(If year, give war or dates of service)		16. SOCIAL SECURITY No. <b>Lost</b>		17. INFORMANT <b>Howard Cassell - husband</b>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <b>Pulmonary Tuberculosis</b>				<b>About 2 yrs</b>	
Antecedent cause(s) (b) <b>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</b>					
II. OTHER SIGNIFICANT CONDITIONS (c) <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>m.</b>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 11, 1951**, to **May 30, 1951**, that I last saw the deceased alive on **May 30, 1951**, and that death occurred at **5:50 a.m.**, from the causes and on the date stated above.

SIGNATURE **J. H. Lyon, M.D.** (Degree or title) ADDRESS **State Sanatorium, Md.** DATE SIGNED **6-1-51**

23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		DATE <b>6-2-51</b>		NAME OF CEMETERY OR CREMATORY <b>Cedar Hill Cemetery</b>		LOCATION (City, town, or county) (State) <b>Prince George's Co., Md.</b>	
DATE REC'D BY LOCAL REG. <b>5-30-51</b>		REGISTRAR'S SIGNATURE <b>J. H. Lyon</b>		24. FUNERAL DIRECTOR <b>The S. H. Hines Co.,</b>		ADDRESS <b>2901 14th St. NW Washington 9, D.C.</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 4 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04846

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>From 4/26/51 to 5/1/51</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Dundalk 22</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>State Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>6927 Sollers Point Road</u>	
3. NAME OF DECEASED (Type or Print) <u>Anne</u> (First) <u>Chandlee</u> (Last)		4. DATE OF DEATH <u>May 1, 1951</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 14, 1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>48</u> yrs. If under 1 year: Months Days If under 24 hrs: Hours Min.
13. FATHER'S NAME <u>William A. Winter</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>Lost</u>	
		17. INFORMANT <u>Patient</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Pulmonary Tuberculosis</u>	<u>About</u>	<u>2 yrs.</u>
Antecedent cause(s) (b) <u>138</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 26, 1951, to May 1, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE J. B. Lyon, M.D. (Degree or title) ADDRESS State Sanatorium, Md. DATE SIGNED 5/2/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>5-3-51</u>	NAME OF CEMETERY OR CREMATORY <u>Moreland Memorial Park</u>	LOCATION (City, town, or county) <u>Baltimore, Maryland</u> (State)
DATE REC'D BY LOCAL REG. <u>5/1/51</u>		REGISTRAR'S SIGNATURE <u>J. B. Lyon</u>	24. FUNERAL DIRECTOR ADDRESS <u>Walter Brooks Bradley, Dundalk 22, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 3 1951

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

04847

1. PLACE OF DEATH COUNTY <b>Frederick</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b>		COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR <b>Lime Kiln</b>		LENGTH OF STAY (in this place) <b>10 yrs.</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <b>Lime Kiln</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First) <b>LOTTIE</b>		(Middle) <b>LEANORA</b>		(Last) <b>COOK</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		4. DATE OF DEATH (Month) <b>5</b> (Day) <b>31</b> (Year) <b>1951</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		8. DATE OF BIRTH <b>2 Jan 1886</b>		9. AGE last birthday <b>65</b> yrs. If under 1 year Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Curtis Dixon</b>				14. MOTHER'S MAIDEN NAME <b>Jemimah Orme</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY No. <b>None</b>		17. INFORMANT AND ADDRESS <b>Luther V. Cook, Lime Kiln, Md.</b>	

18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <b>Coronary Thrombosis</b>						<b>about 10 days</b>	
Antecedent cause(s) (b) <b>Ch. Myocarditis</b>						<b>several years</b>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <b>Diabetes Mellitus</b>						<b>??</b>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>5/21/51</b> , 19 <b>51</b> , to <b>5-31-51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>5/31/51</b> , 19 <b>51</b> , and that death occurred at <b>9:40 P.</b> , from the causes and on the date stated above.							
SIGNATURE <b>Howard W. Ash</b>				M. D. <b>Frederick, Maryland</b>		DATE SIGNED <b>1 June 1951</b>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>3 June 1951</b>		<b>Mount Olivet Cemetery</b>		<b>Frederick, Maryland</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<b>2 June 1951</b>		<b>Elizabeth G. Heck</b>		<b>M. R. Etchison &amp; Son, Frederick, Maryland</b>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 4 1951  
BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

04848

1. PLACE OF DEATH- COUNTY <b>Frederick</b> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>State Sanatorium</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Victor Cullen State Hosp.</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Baltimore</b> STREET ADDRESS (If rural, give location) <b>518 S. Potomac St.</b>	
3. NAME OF DECEASED (Type or Print) (First) <b>Joseph</b> (Middle) <b>S</b> (Last) <b>Cywinski</b>		4. DATE OF DEATH (Month) <b>May</b> (Day) <b>29</b> (Year) <b>1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/16/1894</b>
9. AGE last birthday <b>57</b> yrs. If under 1 year Months <b>3</b> Days <b>13</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Barber</b>	
11. BIRTHPLACE (State or foreign country) <b>Nanticoke, Pa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Andrew Cywinski</b>		14. MOTHER'S MAIDEN NAME <b>Mary Rogacki</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT <b>Mrs. Martha Cywinski, wife</b>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>About 10 Yrs.</b>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <b>Pulmonary Tuberculosis</b>		
Antecedent cause(s) (b) <b>136</b>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 28**, 19**51**, to **May 29**, 19**51**, that I last saw the deceased alive on **May 29**, 19**51**, and that death occurred at **3:15 P.m.**, from the causes and on the date stated above.

SIGNATURE **J. B. Lyon, Jr.** (Degree or title) ADDRESS **State Sanatorium, Md.** DATE SIGNED **5/29/51**

23. BURIAL, CREMATION REMOVAL (Specify) **Burial** DATE **June 2/51** NAME OF CEMETERY OR CREMATORY **Corary** LOCATION (City, town, or county) (State) **Baltimore**

DATE REC'D BY LOCAL REG. **5/29/51** REGISTRAR'S SIGNATURE **J. B. Lyon** 24. FUNERAL DIRECTOR **Fred H. Ozogowski** ADDRESS **1930 Eastern Ave**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 31 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

04849

Reg. Dist. No. 13

1. PLACE OF DEATH- COUNTY <b>Frederick</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Montgomery</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Damascus</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Frederick Mem. Hosp.</b>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <b>Joan</b> (Middle) <b>Margaret</b> (Last) <b>Dalrymple</b>		4. DATE OF DEATH (Month) <b>May</b> (Day) <b>18</b> (Year) <b>1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 24, 1934</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>High School Student</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <b>16</b> yrs. If under 1 year Months Days If under 24 hrs Hours Min.
11. BIRTHPLACE (State or foreign country) <b>Montgomery Ala.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>George B. Dalrymple</b>		14. MOTHER'S MAIDEN NAME <b>Frances M. Pace</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>----</b>	
17. INFORMANT AND ADDRESS <b>Mrs George Dalrymple, Damascus, Md.</b>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <b>Fracture of skull, laceration of brain.</b>		<b>5 days</b>
(b) Antecedent cause(s) <b>Fracture of left clavicle</b>		
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <b>5.13.51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Compound fracture of skull laceration of brain fracture of left clavicle</b>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, or office bldg., etc.) <b>Wear. Centerville</b> (CITY OR TOWN) <b>Wear. Centerville</b> (COUNTY) <b>Frederick</b> (STATE) <b>Md.</b>	HOW DID INJURY OCCUR? <b>Passenger in auto</b>
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>5.12.51 7:30 m.</b>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	

22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
SIGNATURE <b>DR. R. W. BAER</b>	ADDRESS <b>Frederick Md</b>	DATE SIGNED <b>5.18.51</b>
23. BURIAL, CREMATION OR REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>May 20, 1951</b>	NAME OF CEMETERY OR CREMATORY <b>Damascus</b>
LOCATION (City, town, or county) <b>Damascus</b>	LOCATION (City, town, or county) <b>Montg. Co Md</b>	
DATE REC'D BY LOCAL REG. <b>20 May 1951</b>	REGISTRAR'S SIGNATURE <b>Elizabeth G. Hech</b>	24. FUNERAL DIRECTOR <b>Olin L. Molesworth, Damascus, Md.</b>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 22 1951  
MAIL ROOM

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04850

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH - CITY Frederick MARYLAND OR CITY (If outside corporate limits, write RURAL and give nearest town) Frederick HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland COUNTY Montgomery CITY (If outside corporate limits, write RURAL and give nearest town) Damascus STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) M. Stanley Charles Dean	4. DATE OF DEATH Month May Day 16 Year 1951	5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH Feb. 1, 1895 9. AGE last birthday 56 yrs. 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer 11. BIRTHPLACE (State or foreign country) England 12. CITIZEN OF WHAT COUNTRY England	
13. FATHER'S NAME Charles Kemp Dean		14. MOTHER'S MAIDEN NAME Lily Mary Hartland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none 17. INFORMANT AND ADDRESS Kenneth Allnutt, Damascus, Md.	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 days

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. ACCIDENT (Specify) SUICIDAL HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1951, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 19, 1951

NAME OF CEMETERY OR CREMATORY Upper Seneca

LOCATION (City, town, or county) Cedar Grove, Md.

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR

ADDRESS

18 May 1951

Olin L. Molesworth, Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
MAY 21 1961  
U.S. AIR FORCE

## MARYLAND STATE DEPARTMENT OF HEALTH

04851

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <b>Frederick</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Fred.</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Town Frederick</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Town Frederick</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>II8 W. All Saints St.</b>		STREET ADDRESS (If rural, give location) <b>II8 W. All Saints St.</b>	
3. NAME OF DECEASED (Type or Print)	(First) <b>Harry</b>	(Middle) <b>George</b>	(Last) <b>Diggs</b>
4. DATE OF DEATH	(Month) <b>May</b>	(Day) <b>16</b>	(Year) <b>1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. <del>SINGLE, MARRIED</del> WIDOWED, <del>Divorced</del> (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 16, 1898</b>
9. AGE last birthday <b>52</b> yrs.		10. <b>II</b> under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Yard Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>*****</b>	
11. BIRTHPLACE (State or foreign country) <b>Frederick</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Harry g. Diggs</b>		14. MOTHER'S MAIDEN NAME <b>Addie Sweed</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY No.	
17. INFORMANT <b>Leonard Diggs</b>		<b>315 E. Church St. Fred. Md</b>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

**Cerebral hemorrhage**

INTERVAL BETWEEN ONSET AND DEATH

**Hours**

## Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☒ No ☐21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

## PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒ Thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REINTERMENT (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

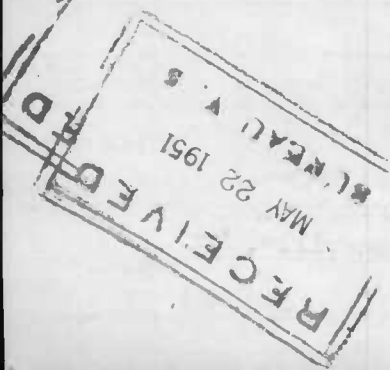
**19 May 1951****Elizabeth G. Heck-****Charles E. Hicks III Fred. Md.**

970697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04852

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Fred.</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Fredrick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town</u> <u>Fredrick Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town</u> <u>Fredrick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		STREET ADDRESS (If rural, give location) <u>3154 Madison St</u>	
3. NAME OF DECEASED (Type or Print) <u>Baby Girl</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>May 20-51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>7</u> yrs. <u>6</u> mos. <u>2</u> days
11. FATHER'S NAME <u>Warren Dorsey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. MOTHER'S MAIDEN NAME <u>Barclay Baugh</u>		14. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Hosp. Records</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Premature Labor; Multiple</u>		
Antecedent cause(s) (b) <u>Preeclampsia; Polyhydramnios; 5 month gestation</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>159</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1951, to 5-20, 1951, that I last saw the deceased alive on 5-20, 1951, and that death occurred at 6:35 A. m., from the causes and on the date stated above.

SIGNATURE <u>Howard W. Ash M.D.</u>		ADDRESS <u>Fredrick Md.</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>May 21-51</u>	NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	LOCATION (City, town, or county) (State) <u>Fred. Md.</u>
DATE REC'D BY LOCAL REG. <u>21 May 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>Charles E. Kish III</u>	ADDRESS <u>Fred.</u>

215201292200

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 22 1961  
BUREAU A. I.

# MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF STILLBIRTH

Death Reg. Dist. No. 131  
4853

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

<b>1. PLACE OF STILLBIRTH</b> County <u>Frederick</u> MARYLAND City or Town (If outside city or town limits write "RURAL" and nearest town) <u>Frederick Rural</u> Street address, hospital or institution <u>Emergency Hospital</u> Length of mother's stay in this County (Give years, or months or days) <u>2 1/2 years</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> State <u>Maryland</u> County <u>Frederick</u> City or Town (If outside city or town limits write "RURAL" and nearest town) <u>Frederick</u> Street Address <u>315 A. Madison St.</u>	
<b>3. CHILD'S NAME</b> (First) <u>Baby</u> (Middle) <u>Girl</u> (Last) <u>Darsey</u>		<b>4. Sex</b> <u>Female</u> <b>5. Twin or other</b> <u>Twin</u> <b>6. DATE OF BIRTH</b> (Mon h WRITE OUT) (Day) (Year) <u>May 20</u> <u>1957</u>	
<b>FATHER OF CHILD</b> 7. Full name <u>Warren D. Darsey</u> 9. Age (at time of this birth) <u>33</u> yrs. <b>10. Birthplace</b> (State or foreign country) <u>Shysville, Md. Camp Detrick</u> <b>11. Usual occupation</b> <u>None</u> <b>12. Color or race</b> <u>C</u>		<b>MOTHER OF CHILD</b> 12. Full maiden name <u>Carolyn Baugh</u> 14. Age (at time of this birth) <u>29</u> yrs. <b>15. Birthplace</b> (State or foreign country) <u>Petersburg, Va.</u> <b>16. Number of OTHER children born to mother</b> (Do NOT include this child) Now living <u>1</u> Born alive but now dead <u>0</u> Born dead <u>0</u> Total Children (Not including this child) <u>1</u>	
<b>17. Length of pregnancy:</b> <u>20</u> weeks <b>Weight of child at birth:</b> <u>1</u> lbs. <u>2</u> oz. <b>18. CAUSE OF STILLBIRTH</b> State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) (a) Fetal causes <u>(5 months gestation)</u> (b) Maternal causes <u>Multiple Pregnancy (twins) Polyhydramnios</u>		<b>19. State any complications of pregnancy and labor</b> <u>See 18 B</u> <b>20. State all operations for delivery</b> <u>None</u>	
<b>21. I hereby certify that this child was born dead on the date stated above at...</b> <u>7:20 a.m.</u> Signature <u>Howard W. Ashby</u> Physician <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> Address <u>Frederick Md</u> Date signed <u>5-20-57</u>		<b>22. State any complications of pregnancy and labor</b> <u>See 18 B</u> <b>23. State all operations for delivery</b> <u>None</u>	

Child lived three (3) minutes

V.S. A10

Date rec'd by local Reg. 21 May 1957 Registrar's signature Elizabeth B. Heck If NOT attended by physician 215201293200  
 "The above certificate has been examined by me" Health Officer, per \_\_\_\_\_

RECEIVED  
MAY 29 1951  
BUREAU A. B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04854

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Frederick-Rural RD#5</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		STREET ADDRESS (If rural, give location) <u>16 West Fourth Street</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>ARTHUR</u> <u>EMMETT</u> <u>FLEMING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>30</u> <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE last birthday <u>77 ?</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Water Dept.</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Robert E. Fleming</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>?</u>	
17. INFORMANT AND ADDRESS <u>William E. Fleming, Lewistown, Maryland</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Heart Block

INTERVAL BETWEEN ONSET AND DEATH

36 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURYINJURY OCCURRED  
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1951, to May 30, 1951, that I last saw the deceased alive on May 29, 1951, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION, REINTERMENT (Specify)

Burial

## DATE THEREOF

1 June 1951

## NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

## LOCATION (City, town, or county)

Frederick, Maryland

(State)

## DATE REC'D BY LOCAL REG.

1 June 1951

## REGISTRAR'S SIGNATURE

Elizabeth G. Heck

## 24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

## ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VVV936

RECEIVED  
JUN 4 1954  
BUREAU Y. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

04855

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND <del>CITY</del> (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Jefferson</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> <del>CITY</del> (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Jefferson</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Della L.</u> (Middle) <u>Flook</u> (Last)		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>31</u> (Year) <u>1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widow</u>	8. DATE OF BIRTH <u>2/21/1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE last birthday <u>60</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Myersville, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Charles Hooper</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Haller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs Harry R. Rice, Jefferson, Md.</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Dehydration - Malnutrition</u>			<u>10 days</u>
Antecedent cause(s) (b) <u>Senile Dementia</u>			<u>3 wks</u>
(c) <u>Generalized Arteriosclerosis</u>			<u>5 yrs</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
HOMICIDE		INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/10</u> , 19 <u>51</u> , to <u>5/31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/30</u> , 19 <u>51</u> , and that death occurred at <u>5:39</u> a.m., from the causes and on the date stated above.			
SIGNATURE <u>G. Lachar</u>		ADDRESS <u>Jefferson</u>	
DATE SIGNED <u>6/1/51</u>			
23. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		DATE THEREOF <u>6/2/1951</u>	
NAME OF CEMETERY OR CREMATORY <u>U.R. Cemetery</u>		LOCATION (City, town, or county) (State) <u>Myersville, Md.</u>	
DATE REC'D BY LOCAL REG. <u>2 June 1951</u>		REGISTER'S SIGNATURE <u>Elizabeth S. Heck</u>	
24. FUNERAL DIRECTOR <u>Gladhill Co., Middletown, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
JUN 4 1957  
BUREAU Y. I.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04856  
Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <b>Frederick</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick-Rural</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Emergency Hospital</b>		STREET ADDRESS (If rural, give location) <b>433 West Patrick Street</b>	
3. NAME OF DECEASED (First) <b>SUSIE</b> (Middle) <b>REBECCA</b> (Last) <b>FOGLE</b>		4. DATE OF DEATH (Month) <b>May</b> (Day) <b>25</b> (Year) <b>1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 16, 1864</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic - At Home</b>		10h. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <b>86</b> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <b>Maryland, Frederick Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John F. Fogle</b>		14. MOTHER'S MAIDEN NAME <b>Mary Ellen Eyler Fo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>—</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT AND ADDRESS <b>Emergency Hospital Records, Frederick, Md.</b>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Chronic Nephritis**

INTERVAL BETWEEN ONSET AND DEATH  
**5 years**

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) <b>SUICIDE</b>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Jan. 1, 1946**, to **May 25, 1951**, that I last saw the deceased

alive on **May 24, 1951**, and that death occurred at **11:30 P.m.**, from the causes and on the date stated above.

SIGNATURE **Bernard O. Hennessey M.D.** ADDRESS **Frederick, Md.** DATE SIGNED **May 28, 1951**

23. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	DATE THEREOF <b>May 29, 1951</b>	NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	LOCATION (City, town, or county) <b>Frederick, Maryland</b>	(State)
DATE REC'D BY LOCAL REG. <b>28 May 1951</b>	REGISTRAR'S SIGNATURE <b>Elizabeth G. Hesk.</b>	24. FUNERAL DIRECTOR <b>M.R. Etchison &amp; Son, Frederick, Maryland</b>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 31 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04857

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Woodstock</u> TOWN <u>Life</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>-</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md.</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Woodstock</u> TOWN <u>Life</u> STREET ADDRESS (If rural, give location) <u>-</u>	
3. NAME OF DECEASED (Type or Print) <u>E. STA</u> (First) <u>MARY ANN</u> (Middle) <u>GILBERT</u> (Last)		4. DATE OF DEATH <u>May</u> (Month) <u>11</u> (Day) <u>1951</u> (Year)	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 5, 1883</u>
9. AGE last birthday <u>67</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>md.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>operator</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robert Eyer</u>		14. MOTHER'S MAIDEN NAME <u>Matilda Crushong</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>216-01-7803</u>	
17. INFORMANT <u>Mr. Raymond S. Gilbert</u>		18. MEDICAL CERTIFICATION	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Carcinoma (General)

Antecedent cause(s)

(b)

Primary site: Left breast (5/28/51 aka)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec., 1949 to May 11, 1951, that I last saw the deceasedalive on May 10, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>5/14/51</u>	<u>mt. Hope cemetery</u>	<u>Woodstock</u>	<u>md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 12, 1951</u>	<u>L. E. Powell</u>	<u>H. C. Barton</u>	<u>Walkersville, md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED BY THE DIRECTOR

MAY 15 1961

RECEIVED  
MAY 15 1961  
BUREAU A. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

04858

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 231 North Market Street		STREET ADDRESS (If rural, give location) 231 North Market Street	
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) ADOLPH	(Last) HAHN
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, <del>DIWIDED</del> , (Specify) Widowed	8. DATE OF BIRTH April 20, 1860
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Retail Plumbing	9. AGE last birthday 91 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Adolph Hahn		14. MOTHER'S MAIDEN NAME Caroline Jacobson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Miss Anna Margaret Hahn, Frederick, Md.			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) *Uremia*

5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) *Chronic parenchymatous hepatitis*

5 yrs

(c) *Chronic Myocarditis*

5 yrs +

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 10, 1957, to May 22, 1957, that I last saw the deceased alive on May 21, 1957, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 24, 1957	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 23 May 1957	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290687



RECEIVED  
MAY 25 1961  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04859

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY <b>Frederick</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>From 4-23-51 to 5-29-51</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Rural - Frederick - Route 1</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>State Sanatorium</b>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <b>William</b> (Middle) <b>M.</b> (Last) <b>Haugh</b>		4. DATE OF DEATH (Month) <b>May</b> (Day) <b>29</b> (Year) <b>19 51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1875</b>
9. AGE last birthday <b>75</b> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>John Haugh</b>		14. MOTHER'S MAIDEN NAME <b>Sarah Ellison</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <b>None</b>	
17. INFORMANT <b>Mrs. Paul Angleberger, daughter</b>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <b>Pulmonary Tuberculosis</b>			<b>19 Mos.</b>
Antecedent cause(s) (b) <b>13 b</b>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertrophy of Prostate Gland</b>			<b>Unknown</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <b>SUICIDE</b>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 25, 1951**, to **May 29, 1951**, that I last saw the deceased alive on **May 29, 1951**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

SIGNATURE **J. B. Lyon, M.D.** (Degree or title) ADDRESS **State Sanatorium, Md. 5-29-51** DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE <b>May 1, 1951</b>	NAME OF CEMETERY OR CREMATORY <b>Chapel Cem.</b>	LOCATION (City, town, or county) <b>N.W. Liberty town, Md.</b>	(State)
DATE REC'D BY LOCAL REG. <b>5-29-51</b>	REGISTER'S SIGNATURE <b>J. B. Lyon</b>	24. FUNERAL DIRECTOR <b>G.C. Barton, Walkersville, Md.</b>	ADDRESS	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED  
MAY 21 1951  
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

04860

131

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> OR <u>TOWN</u>		LENGTH OF STAY (In this place) <u>14</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fredb. Memorial</u>		STREET ADDRESS (If rural, give location) <u>Rural Thurmont</u>	
3. NAME OF DECEASED (Type or Print) <u>Virginia D. Hawes</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>14</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 6 - 1950</u>
9. AGE last birthday <u>0</u> yrs. <u>10</u> Months <u>8</u> Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>md</u>	
11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Alb. Ent. Leroy Hawes</u>		14. MOTHER'S MAIDEN NAME <u>Alice M. Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Father</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Fracture of skull</u>		
(b) Antecedent cause(s) <u>Wound injury</u>		
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Highway</u> (CITY OR TOWN) <u>Near Lewistown</u> (COUNTY) <u>FREDERICK</u> (STATE) <u>md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>5.14.51</u> m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR? <u>Auto Accident</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death, in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE DR. R. W. BAER (Degree or title) ADDRESS Fredrick Md. DATE SIGNED 5.14.51

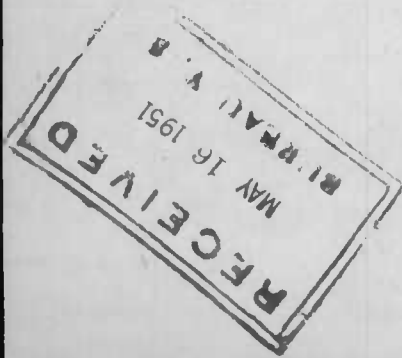
DEPUTY MEDICAL EXAMINER R.W. Baer, Fredrick Md.

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>May 16 - 51</u>	NAME OF CEMETERY OR CREMATORY <u>N.B. Cemetery</u>	LOCATION (City, town, or county) <u>Thurmont md</u>
DATE REC'D BY LOCAL REG. <u>14 May 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Hark</u>	24. FUNERAL DIRECTOR <u>M. L. Greger</u>	ADDRESS <u>Rd. Thurmont</u>

10706018140V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04861

Reg. Dist. No. 109

1. PLACE OF DEATH- COUNTY <b>Frederick</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Harford</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>TOWN From 5/13/51 in this place)</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>TOWN Edgewood</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>State Sanatorium</b>		STREET ADDRESS <b>Army Chemical Center</b>	
3. NAME OF DECEASED (Type or Print) (First) <b>William</b> (Middle) <b>H.</b> (Last) <b>Hoffmeyer</b>		4. DATE OF DEATH (Month) <b>May</b> (Day) <b>8</b> (Year) <b>19 51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 6, 1876</b>
9. AGE last birthday <b>74</b> yrs.		10. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Retired Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Penna.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Samuel Hoffmeyer</b>		14. MOTHER'S MAIDEN NAME <b>Eliza Aultmiller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>233-03-7270</b>	
17. INFORMANT AND ADDRESS <b>Son-William T. Hoffmeyer</b>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) **Congestive Heart Failure**

13.6 Antecedent cause(s) (b) **Chronic Myocarditis**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

unknown

unknown

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

**Pulmonary Tuberculosis**

unknown

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **May 3, 1951**, to **May 8, 1951**, that I last saw the deceased alive on **May 8, 1951**, and that death occurred at **12:40 a.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>May 10, 1951</b>	NAME OF CEMETERY OR CREMATORY <b>East Oak Grove</b>	LOCATION (City, town, or county) <b>Margaretown, W. Va.</b>	(State)
DATE REC'D BY LOCAL REG. <b>5/8/51</b>	REGISTRAR'S SIGNATURE <b>I. B. Lyon, M.D.</b>	24. FUNERAL DIRECTOR <b>M. D. Creager &amp; Son - Shurmont, Md.</b>	ADDRESS	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04862

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-Rural RD#1		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near McKaig		STREET ADDRESS (If rural, give location) Near McKaig	
3. NAME OF DECEASED (First) JOHN	(Middle) CLINTON	(Last) JAMISON	4. DATE OF DEATH (Month) 5 (Day) 22 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 9 June 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	9. AGE last birthday 84 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ignatius Jamison		14. MOTHER'S MAIDEN NAME Mary Catherine Jamison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. Milton P. Nash, Frederick, Md.		18. MEDICAL CERTIFICATION	

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Chr. Cardio Renal Vascular disease*

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2-6, 1951, to 5-22, 1951, that I last saw the deceased alive on 5-22, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION (Specify) Burial	DATE THEREOF 25 May 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 24 May 1951	REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



RECEIVED  
MAY 20 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04863

Reg. Dist. No. 139

1. PLACE OF DEATH- COUNTY <b>Frederick</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>St. Mary's</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>From 11-13-48</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Leonardtwn</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>State Sanatorium</b>		STREET ADDRESS <b>--</b> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <b>Eugene</b> (First) <b>Kaufman</b> (Middle) <b>Kaufman</b> (Last)		4. DATE OF DEATH <b>May 24, 1951</b> (Month) (Day) (Year)	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 30, 1924</b>
9. AGE last birthday <b>26</b> yrs.		10. AGE last birthday <b>26</b> yrs.	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>John A. Kaufman</b>		14. MOTHER'S MAIDEN NAME <b>Katherine Sureback</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <b>217-12-6339</b>	
17. INFORMANT <b>Patient</b>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <b>Pulmonary Tuberculosis</b>	<b>3 yrs.</b>	
Antecedent cause(s) (b) <b>13b</b>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 13, 1948**, to **May 24, 1951**, that I last saw the deceased alive on **May 24, 1951**, and that death occurred at **4:45 A.m.**, from the causes and on the date stated above.

SIGNATURE **J. B. Lyon, M.D.** (Degree or title) ADDRESS **State Sanatorium, Md.** DATE SIGNED **5/24/51**

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE <b>May 26, 1951</b>	NAME OF CEMETERY OR CREMATORY <b>St. Andrews Cem.</b>	LOCATION (City, town, or county) <b>Leonardtwn, Md.</b>	(State)
DATE REC'D BY LOCAL REG. <b>5/24/51</b>	REGISTRAR'S SIGNATURE <b>J. B. Lyon</b>	24. FUNERAL DIRECTOR <b>M. L. Cragg &amp; Son</b>	ADDRESS <b>Shurmont, Md.</b>	

750679

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
MAY 25 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04864

Reg. Dist. No. 132

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Middletown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Middletown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>Russel</u>	<u>Edward</u>	<u>Lighter</u>	
4. DATE OF DEATH	(Month)	(Day)	(Year)
<u>May</u>	<u>12</u>	<u>1951</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<u>male</u>	<u>white</u>	<u>single</u>	<u>5/30/ 1875</u>
9. AGE last birthday	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
<u>75</u> yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<u>Judge, ret.</u>		<u>County Court</u>	<u>Middletown, Md.</u>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<u>Daniel Lighter</u>		<u>Mary M. Vananda</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT
<u>no</u>		<u>none</u>	<u>Edna K. Lighter, Middletown, Md</u>

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Cerebral Arteriosclerosis</u>					
Antecedent cause(s) (b) <u>334X</u>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>97</u>					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE		INJURY			
HOMICIDE					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 1949., to May 12, 1951., that I last saw the deceased alive on May 9, 1951., and that death occurred at 2 P.m., from the causes and on the date stated above.

SIGNATURE J E Sharp MD ADDRESS Middletown DATE SIGNED 5-14-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>5/14/1951</u>	<u>Reformed Cemetery</u>	<u>Middletown, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 14-51</u>	<u>Marie Gladhill</u>	<u>Gladhill Co,</u>	<u>Middletown, Md.</u>	

055 936

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 22 1951  
BUREAU A. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

04865

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Patuxent</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>30 yrs</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Patuxent</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Jerry</u> (Middle) <u>Erastus</u> (Last) <u>Martin</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>9</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 15, 1878</u>	9. AGE last birthday <u>73</u> yrs.	10. Under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Bookman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>David Martin</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Hultz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>214-10-5876</u>		17. INFORMANT AND ADDRESS <u>Mrs Jerry Martin Thurmont-RD1</u>	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause		(a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) <u>Coronary Sclerosis</u>		<u>11 years</u>	
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 9</u> , 19 <u>51</u> , to <u>May 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 9</u> , 19 <u>51</u> , and that death occurred at <u>12 noon</u> m., from the causes and on the date stated above.					
SIGNATURE <u>James H. Gray</u>		(Degree or title) <u>M.D.</u>		ADDRESS <u>Thurmont Md.</u> DATE SIGNED <u>May 10-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF <u>May 13, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Blue Ridge</u> LOCATION (City, town, or county) <u>Thurmont</u> (State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>May 11, 1951</u>		REGISTRAR'S SIGNATURE <u>Blanche J. Eyles</u>		24. FUNERAL DIRECTOR <u>W. E. Crogerason</u> ADDRESS <u>Thurmont, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 14 1951  
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

04866

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>New York</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>New York</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>112 St (Richmond Hill)</u>	
3. NAME OF DECEASED (Type or Print) <u>Edward J. Mc Grane</u>		4. DATE OF DEATH <u>May 19 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Apr. 26-1931</u>
9. AGE last birthday <u>20</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at school</u>	
11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13. FATHER'S NAME <u>Bernard Mc Grane</u>		14. MOTHER'S MAIDEN NAME <u>Anastelle Shoherty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Bernard Mc Grane Richmond Hill NY</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Fracture of Skull</u>		<u>None</u>	
Antecedent cause(s) (b) <u>Laceration of Brain</u>		<u>None</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Acute Encephalitis</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <u>Stair 77</u> (CITY OR TOWN) <u>Thurmont</u> (COUNTY) <u>Fredrick</u> (STATE) <u>MD.</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR? <u>Person in car when Examine sped hit over fence</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Dr. B. A. Mc Med. Ex. Fredrick Md.</u>		DATE SIGNED <u>5-19-51</u>	
23. BURIAL, CREMATION OR OTHER DISPOSAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 23-51</u>	
NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		LOCATION (City, town, or county) <u>Queen's</u> (State) <u>N.Y.</u>	
DATE REC'D BY LOCAL REG <u>May 20 1951</u>		24. FUNERAL DIRECTOR <u>M. S. Greager Son Thurmont</u> ADDRESS	
REGISTRAR'S SIGNATURE <u>Blanche S. Eyley</u>			

RECEIVED  
MAY 29 1951  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

04867

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 49 Wilson Place	
3. NAME OF DECEASED (Type or Print)	(First) BELINDA	(Middle) RUTH	(Last) MEZZA
4. DATE OF DEATH	(Month) 5	(Day) 13	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 17 Feb 1951
9. AGE last birthday yrs. 2		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Mezza		14. MOTHER'S MAIDEN NAME Helen Findley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Robert Mezza, 49 Wilson Place, Frederick, Md.			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Septicemia, organism not determined

INTERVAL BETWEEN ONSET AND DEATH

1 week

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 30, 1951, to May 13, 1951, that I last saw the deceased alive on May 12, 1951, and that death occurred at 5:15 A. M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 13 May 1951	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) Atmore, Alabama	(State)
DATE REC'D BY LOCAL REG 13 May 1951	REGISTRAR'S SIGNATURE Elizabeth L. Heck	24. FUNERAL DIRECTOR M. R. Etchison and Son, Frederick, Md.	ADDRESS	

202171252386

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1A15



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

04868

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <b>Frederick</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick-Rural RD#4</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Frederick Memorial Hospital</b>		STREET ADDRESS (If rural, give location) <b>Davis Avenue</b>	
3. NAME OF DECEASED (Type or Print)	(First) <b>DANIEL</b>	(Middle) <b>MICHAEL</b>	(Last) <b>MORNINGSTAR</b>
4. DATE OF DEATH	(Month) <b>5</b>	(Day) <b>11</b>	(Year) <b>1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4 April 1878</b>
9. AGE last birthday <b>73</b> yrs.		If under 1 year Months	If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ice Cream Factory</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>George H. Morningstar</b>		14. MOTHER'S MAIDEN NAME <b>Harriett E. Grimes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY No. <b>214-10-3191</b>	
17. INFORMANT AND ADDRESS <b>R. F. D. #4, Mrs. Cora Morningstar, Frederick, Md.</b>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <b>Acute cardiac failure</b>			<b>1 hr.</b>
Antecedent cause(s) (b) <b>Pulmonary fat embolism</b>			<b>3 days</b>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <b>Fracture of neck of rt. femur</b>			<b>4 days</b>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE) <b>Niceview Ice Cream Co. Frederick Frederick Md.</b>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>5 7 51 9A</b> m.		INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <b>slipped &amp; fell in elevator</b>			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <b>R. W. Baer</b>		DATE SIGNED <b>11 May 1951</b>	
DEPUTY MEDICAL EXAMINER, Frederick, Maryland			
23. BURIAL INFORMATION Burial (Specify) <b>Burial</b>		DATE THEREOF <b>14 May 1951</b>	
NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>		LOCATION (City, town, or county) (State) <b>Frederick, Maryland</b>	
24. FUNERAL DIRECTOR <b>M. R. Etchison &amp; Son, Frederick, Maryland</b>		ADDRESS	
DATE REC'D BY LOCAL REG. <b>14 May 1951</b>		REGISTRAR'S SIGNATURE <b>Elizabeth L. Heck</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

04869

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Jefferson</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ella</u>	(Middle) <u>M.</u>	(Last) <u>Moser</u>
4. DATE OF DEATH	(Month) <u>5</u>	(Day) <u>28</u>	(Year) <u>1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widow</u>	8. DATE OF BIRTH <u>4/27/1876</u>
9. AGE last birthday <u>75</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>
11. BIRTHPLACE (State or foreign country) <u>Lovettsville, Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>Samuel Compher</u>	14. MOTHER'S MAIDEN NAME <u>Virginia Vincel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. Walter Thrasher, Burkittsville</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		<u>2 weeks</u>
Immediate cause (e) <u>Cerebral Hemorrhage</u>		
Antecedent cause(s) (s) <u>331X</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>83a</u> <u>hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1951, to May 28, 1951, that I last saw the deceased alive on May 27, 1951, and that death occurred at 4:20 A m., from the causes and on the date stated above.

SIGNATURE E. Harp md ADDRESS Middletown DATE SIGNED 5-29-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 5/30/1951 NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REG. 29 May 1951 REGISTRAR'S SIGNATURE Elizabeth G. Heck 24. FUNERAL DIRECTOR Gladhill Company ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
MAY 4 1951  
BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 145

04870

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Myersville</u> LENGTH OF STAY (in this place) <u>life</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Myersville</u> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <u>Amanda</u> (Middle) <u>C.</u> (Last) <u>Myers</u>	4. DATE OF DEATH (Month) <u>5</u> (Day) <u>21</u> (Year) <u>1951</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>3/8/1872</u>
9. AGE last birthday <u>79</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>
11. BIRTHPLACE (State or foreign country) <u>Myersville, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Lewis Moser</u>		14. MOTHER'S MAIDEN NAME <u>Maria Harmon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Charles S. Myers, Myersville</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Cerebral Hemorrhage</u>				<u>2 mon.</u>	
Antecedent cause(s) (b) <u>Chronic myocarditis.</u>				<u>3 yrs.</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>93d</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 15</u> , 19 <u>51</u> , to <u>May 21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 21</u> , 19 <u>51</u> , and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.					
SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		DATE SIGNED <u>5/22/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>5/23/1951</u>		NAME OF CEMETERY OR CREMATORY <u>U.B. Cemetery</u>	
LOCATION (City, town, or county) <u>Myersville, Md.</u>		24. FUNERAL DIRECTOR <u>Gladhill Co., Middletown, Md.</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>May 23, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 24 1964

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

04871

1. PLACE OF DEATH- COUNTY <b>Frederick</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY --	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>From 10-19-50 to 5-24-51</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Baltimore 30</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>State Sanatorium</b>		STREET ADDRESS (If rural, give location) <b>1137 Light St.</b>	
3. NAME OF DECEASED (Type or Print) (First) <b>Robert</b> (Middle) <b>E</b> (Last) <b>Noonan</b>		4. DATE OF DEATH (Month) <b>May</b> (Day) <b>24</b> (Year) <b>1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 13, 1892</b> 9. AGE last birthday <b>58</b> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Post Office Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
13. FATHER'S NAME <b>John J. Noonan</b>		14. MOTHER'S MAIDEN NAME <b>Ellen Kelly</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY No. <b>None</b>	17. INFORMANT <b>Bernard Noonan - Son</b>

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <sup>49</sup>
Immediate cause (a) <b>Pulmonary Tuberculosis</b>			<b>8 months</b>
Antecedent cause(s) (b) <b>13b</b>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct. 19, 1950**, to **May 24, 1951**, that I last saw the deceased alive on **May 24, 1951**, and that death occurred at **8:30 P.m.**, from the causes and on the date stated above.

SIGNATURE **J. D. Lyon, M.D.** (Degree or title) ADDRESS **State Sanatorium, Md.** DATE SIGNED **5-26-51**

23. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	DATE <b>5/29/51</b>	NAME OF CEMETERY OR CREMATORY <b>HOLY CROSS</b>	LOCATION (City, town, or county) <b>A.A. CO. MD.</b>	(State)
DATE REC'D BY LOCAL REG. <b>5-25-51</b>	REGISTRAR'S SIGNATURE <b>J. D. Lyon</b>	24. FUNERAL DIRECTOR <b>BERNARD C. HARLE</b>		ADDRESS <b>121 E. West St.</b>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 28 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

04872

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural</u> OR <u>7 Months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Reel's Mills</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Montevue</u>		STREET ADDRESS (If rural, give location) <u>Frederick R.F.D. #2</u>	
3. NAME OF DECEASED (First) <u>Walter</u> (Middle) <u>Joshua</u> (Last) <u>O'Bryan</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>28</u> (Year) <u>1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 3, 1875</u>
9. AGE last birthday <u>76</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland, Frederick Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland, Frederick Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas O'Bryan</u>		14. MOTHER'S MAIDEN NAME <u>Anne Knight</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY NO. <u>705-10-2064</u>	
17. INFORMANT AND ADDRESS <u>Russell F. O'Bryan; Frederick R.F.D. #2</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 25, 1951, to May 28, 1951, that I last saw the deceased alive on May 28, 1951, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>May 31, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>29 May 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth J. Hack</u>	24. FUNERAL DIRECTOR <u>M.R. Etchison &amp; Son, Frederick, Maryland</u>	ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

970506

RECEIVED  
MAY 31 1951  
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

04873

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <b>Frederick</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Ijamsville-Rural RD#1</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Ijamsville-Rural RD#1</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Near Urbana</b>		STREET ADDRESS (If rural, give location) <b>Near Urbana</b>	
3. NAME OF DECEASED (Type or Print) (First) <b>THERESA</b> (Middle) <b>BEATRICE</b> (Last) <b>O'MALLEY</b>		4. DATE OF DEATH (Month) <b>5</b> (Day) <b>4</b> (Year) <b>1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>2 Feb 1889</b>
9. AGE last birthday <b>62</b> yrs.		10. UNDER 1 year Months <b>5</b> Days <b>4</b>	11. UNDER 24 hrs Hours <b>15</b> Min. <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Michael McHale</b>		14. MOTHER'S MAIDEN NAME <b>Sarah (last name unknown)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY No. <b>None</b>	
17. INFORMANT AND ADDRESS <b>R. F. B. #1, Mrs. Voreonica Nunemaker, Ijamsville, Md.</b>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <b>Coronary Occlusion</b>		<b>Immediate</b>
Antecedent cause(s) (b) <b>420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</b>		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF DEATH <b>5-4-51 5 A m.</b>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, or other (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<b>Burial</b>		<b>7 May 1951</b>	<b>St. Josephs Cemetery</b>	<b>Near Buckeystown, Maryland</b>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS			
<b>4 May 1951</b>	<b>Elizabeth S. Hark</b>	<b>M. R. Etchison &amp; Son, Frederick, Maryland</b>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 7 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04874

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <b>Frederick</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Frederick-Rural RD#4</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Frederick-Rural RD#4</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Near Buckeystown</b>		STREET ADDRESS (If rural, give location) <b>Near Buckeystown</b>	
3. NAME OF DECEASED (Type or Print)	(First) <b>FELIX</b>	(Middle) <b>LORENZO</b>	(Last) <b>PLUNKARD</b>
4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	7. DATE OF BIRTH <b>5 May 1887</b>
8. AGE last birthday <b>64</b> yrs.		9. DATE OF DEATH <b>5</b> (Month) <b>22</b> (Day) <b>1951</b> (Year)	10. If under 1 year Months Days Hours Min.
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Farm Tenant</b>	
13. BIRTHPLACE (State or foreign country) <b>Maryland</b>		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. FATHER'S NAME <b>Pius Plunkard</b>		16. MOTHER'S MAIDEN NAME <b>Margaret Engle</b>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		18. SOCIAL SECURITY NO. <b>None</b>	
19. INFORMANT AND ADDRESS <b>R. F. D. #4, Mrs. Ella Plunkard, Frederick, Md.</b>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

**Carcinoma of liver**

INTERVAL BETWEEN ONSET AND DEATH

**10 mon.**

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <b>23 Mar '50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Liver biopsy: Carcinoma of liver</b>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct**, 19**50**, to **22 May, 1951**, that I last saw the deceasedalive on **21 May**, 19**51**, and that death occurred at **3:45 A** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

**Charles R. Conley, Jr.****M. D. Frederick, Maryland****22 May 1951**

23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>24 May 1951</b>	NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>	LOCATION (City, town, or county) <b>Frederick, Maryland</b>	(State)
DATE REC'D BY LOCAL REG. <b>22 May 1951</b>	REGISTRAR'S SIGNATURE <b>Elizabeth S. Hersh</b>	24. FUNERAL DIRECTOR <b>M. R. Etchison &amp; Son, Frederick, Maryland</b>	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04875  
Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <b>Frederick</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>602 East Patrick Street</b>		MARYLAND LENGTH OF STAY <b>25 hrs.</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Frederick</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick</b> STREET ADDRESS (If rural, give location) <b>602 East Patrick Street</b>	
3. NAME OF DECEASED (Type or Print) <b>SARAH</b>		(Middle) <b>ALICE</b>		(Last) <b>RENNER</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>	8. DATE OF BIRTH <b>20 Oct 1861</b>	9. AGE last birthday <b>89</b> yrs.	4. DATE OF DEATH (Month) (Day) (Year) <b>5 11 19 51</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House-work</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>William Renner</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT AND ADDRESS <b>Mrs. Roy G. Putman, 602 E. Patrick St., Frederick, Md.</b>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Cardiac, decompensation, acute**

INTERVAL BETWEEN ONSET AND DEATH

**3 days**

Antecedent cause(s)

(b) **Senility**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>		PLACE (Home, farm, factory, street, office bldg., etc.) <b>INJURY</b>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5-8**, 19**51**, to **5-8**, 19**51**, that I last saw the deceased alive on **5-8**, 19**51**, and that death occurred at **2:30 A**.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

**Robert L. Turner Jr.****M. D.****Frederick, Maryland****11 May 1951**

23. BURIAL CREMATION Burial		DATE THEREOF <b>14 May 1951</b>		NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>		LOCATION (City, town, or county) (State) <b>Middletown, Maryland</b>	
DATE REC'D BY LOCAL REG. <b>14 May 1951</b>		REGISTRAR'S SIGNATURE <b>Elizabeth G. Heck</b>		24. FUNERAL DIRECTOR <b>M. R. Etchison &amp; Son, Frederick, Maryland</b>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 16 1951  
MAY 17 7 3

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04876

131

Reg. Dist. No. ....

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 322 East Third Street		STREET ADDRESS (If rural, give location) 322 East Third Street	
3. NAME OF DECEASED (Type or Print)	(First) DORA	(Middle) LEE	(Last) ROUTZHAN
4. DATE OF DEATH	(Month) 5	(Day) 10	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH 13 April 1869
9. AGE last birthday 82 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George C. Stone		14. MOTHER'S MAIDEN NAME Ellen Fraley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mrs. Roy H. Dutrow, 322 E. 3rd St., Frederick, Md.		18. MEDICAL CERTIFICATION	

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic Cardio-vascular Renal disease

Antecedent cause(s)

(b) Fracture of left Hip 3/29/51

giving rise to the above cause

stating the underlying cause last

(c) (Not known whether the femur broke before or after the fall)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE accident	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY kitchen of her home	(CITY OR TOWN) Fred.	(COUNTY) Fred.	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY 3-29-51	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR? Fell on the kitchen floor (5/28/51 aka)		

22. I hereby certify that I attended the deceased from 1942, to 5/10/51, that I last saw the deceased

alive on 5/10/51, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION OR OTHER DISPOSITION (Specify) Burial	DATE THEREOF 13 May 1951	NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	LOCATION (City, town, or county) Middletown, Maryland	(State)
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DATE REC'D BY LOCAL REG. 11 May 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
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MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
MAY 14 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

04877

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <b>Frederick</b> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Frederick</b>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Frederick</b>				CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Frederick Memorial Hospital</b>				STREET ADDRESS (If rural, give location) <b>235 Dill Avenue</b>			
3. NAME OF DECEASED (Type or Print)		(First) <b>HARRY</b>		(Middle)		(Last) <b>ROWE</b>	
4. DATE OF DEATH		(Month) <b>5</b>		(Day) <b>5</b>		(Year) <b>1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>28 Jan 1872</b>	
9. AGE last birthday <b>79</b> yrs.		If under 1 year Months		If under 24 hrs. Days		If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumbing Business</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Operated Own Business</b>			
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Augustus Rowe</b>				14. MOTHER'S MAIDEN NAME <b>Barbara Schrodol</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY No. <b>None</b>			
17. INFORMANT AND ADDRESS <b>Mrs. James I. Ewing, 235 Dill Ave., Frederick, Md.</b>							
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <b>Pulmonary Emboli</b>						<b>12 hrs.</b>	
Antecedent cause(s) (b) <b>Arterial myocardial infarction</b>						<b>2 wks.</b>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <b>Arterio Sclerotic Heart Disease</b>						<b>10 yrs.</b>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		INJURY					
HOMICIDE							
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?			
OF INJURY		While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>51</b> , to <b>5 May</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>5 May</b> , 19 <b>51</b> , and that death occurred at <b>9:55 P</b> m., from the causes and on the date stated above.							
SIGNATURE <b>Charles H. Conley, Jr.</b>				ADDRESS <b>M. D. Frederick, Maryland</b>		DATE SIGNED <b>7 May 1951</b>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>8 May 1951</b>		<b>Mount Olivet Cemetery</b>		<b>Frederick, Maryland</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
<b>7 May 1951</b>		<b>Elizabeth G. Hach</b>		<b>M. R. Etchison &amp; Son, Frederick, Maryland</b>			

RECEIVED  
MAY 9 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04878

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick RD#5 (Rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS (If rural, give location) Montevue	
3. NAME OF DECEASED (Type or Print)	(First) LAURA	(Middle) ELLEN	(Last) SCHOLL
4. DATE OF DEATH	(Month) 5	(Day) 7	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 18 Oct 1870
9. AGE last birthday 80 yrs.		10. DATE OF BIRTH 18 Oct 1870	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lewis Scholl		14. MOTHER'S MAIDEN NAME Sarah Link	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Mildred Stitley, Frederick, Md.		606 Trail Ave.,	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Chronic Nephritis

INTERVAL BETWEEN ONSET AND DEATH

10 years

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to May 7, 1951, that I last saw the deceased

alive on May 6, 1951, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Bernard O. Thomas Jr.

M. D.

Frederick, Maryland

7 May 1951

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

7 May 1951

Elizabeth G. Heck.

M. R. Etchison &amp; Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 9 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04879

Reg. Dist. No. 132

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Middletown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Middletown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <u>Clara</u>	(Middle) <u>Rebecca</u>	(Last) <u>Shafer</u>	4. DATE OF DEATH (Month) <u>5</u> (Day) <u>4</u> (Year) <u>1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>11/10/1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE last birthday <u>54</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Fairfax, Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William Ainsworth</u>		14. MOTHER'S MAIDEN NAME <u>Mary Costella</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Emory T. Shafer, Middletown, Md.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Chronic Myocarditis</u>		<u>Bronchial Asthma</u>	
241x Antecedent cause(s) (b) <u>93d</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1951, to May 4, 1951, that I last saw the deceased alive on April 28, 1951, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE <u>[Signature]</u>	(Degree or title)	ADDRESS <u>Frederick Md</u>	DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE <u>5/6/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Reformed Cemetery</u>	LOCATION (City, town, or county) (State) <u>Middletown Md.</u>
DATE REC'D BY LOCAL REG. <u>5-6-1951</u>	REGISTRAR'S SIGNATURE <u>Maie Glasshill</u>	24. FUNERAL DIRECTOR <u>Gladhill Co., Middletown, Md.</u>	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

04880

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>near Cascade</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>near Cascade</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Alfred</u> (Middle) <u>Cross</u> (Last) <u>Smith</u>		(Month) <u>May</u> (Day) <u>13</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 8, 1869</u>
9. AGE last birthday <u>81</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Smith</u>		14. MOTHER'S MAIDEN NAME <u>Manahan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>William A. Smith Cascade, Md.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

481X Immediate cause

(a) Influenza

3 days

## Antecedent cause(s)

33b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.Old age enfeeblement

19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 9, 1951, to May 11, 1951; that I last saw the deceased alive on May 11, 1951, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
<u>no</u>		<u>May 15, 1951</u>		<u>Bethel - Church of God</u>		<u>Cascade</u>		<u>Md.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
<u>May 15 1951</u>		<u>Blanche S. Eyles</u>		<u>M. L. Crago &amp; Son</u>		<u>Thurmont, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
MAY 22 1951  
BUREAU V. B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04881  
Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Montg.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>RFD Germantown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (First) <u>Georgia</u> (Middle) <u></u> (Last) <u>Snowden</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 15 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE last birthday <u>61</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Millard Randolph</u>		14. MOTHER'S MAIDEN NAME <u>Ida Lee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>3</u>	
17. INFORMANT AND ADDRESS <u>Millard J. Randolph Josephine P. a</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>			<u>April 26, '51</u>
Antecedent cause(s) (b) <u>Cardio-vascular-renal disease with Hypertension. Coronary insufficiency</u>			<u>10 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Diabetes Mellitus</u>			<u>5 years</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Chronic cholecystitis with cholelithiasis</u>			<u>5 years</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>Information from x-rays, EKG and lab. tests</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>No</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) <u>---</u>	(COUNTY) <u>---</u> (STATE) <u>---</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>None</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>---</u>	

22. I hereby certify that I attended the deceased from Jan. 1, 1941 to May 9, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE M. McKendree Bover, M.D. (Degree or title) ADDRESS Druid Theatre Building, Damascus, Maryland DATE SIGNED May 10, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Buried DATE May 12, 1951 NAME OF CEMETERY OR CREMATORY Johnsburg LOCATION (City, town, or county) Clarksburg, Md (State) Md

DATE REC'D BY LOCAL REG. 12 May 1951 REGISTRAR'S SIGNATURE Elizabeth B. Heck FUNERAL DIRECTOR Reg W. Barker ADDRESS Clarksburg, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 16 1951  
SI DEATH 1.8

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04882

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>	
TOWN <u>Brunswick</u>		TOWN <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>323 East Polk St</u>		STREET ADDRESS (If rural, give location) <u>323 East Polk St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Calvin</u> (First) <u>Earnest</u> (Middle) <u>Sponseller</u> (Last)		4. DATE OF DEATH <u>5-17</u> 19 <u>51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-2-1949</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>William L. Sponseller</u>		14. MOTHER'S MAIDEN NAME <u>Anna E. Berger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Anna Berger Sponseller Brunswick Md.</u>			

### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752X Immediate cause (a) Congenital hydrocephalus  
Antecedent cause(s) (b) Congenital heart disease  
157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) (persistent intra-cranial system)

INTERVAL BETWEEN ONSET AND DEATH  
26 months  
26 months

### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3-2-, 1949, to 5-17-, 1951, that I last saw the deceased alive on 5-16-, 1951, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE [Signature] (Degree or title) MD ADDRESS Brunswick Md DATE SIGNED 5-18-51

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>5-19-1951</u>	<u>St. Marks</u>	<u>Brunswick, Maryland</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 18-51</u>	<u>Kathryn H. Brown</u>	<u>C. A. Felt &amp; Son</u>	<u>Brunswick Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 22 1951  
BUREAU 1.8

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

131

04883

1. PLACE OF DEATH COUNTY <u>Frederick</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural RD#1</u>		LENGTH OF STAY <u>25 yrs.</u> (place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural RD#1</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McKaig</u>				STREET ADDRESS <u>McKaig</u>		(If rural, give location)	
3. NAME OF DECEASED (First) <u>LUCY</u>		(Middle) <u>ELIZABETH</u>		(Last) <u>SPONSELLER</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>5</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>28 Aug 1867</u>	
9. AGE last birthday <u>83</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>B. Franklin Hall</u>		14. MOTHER'S MAIDEN NAME <u>Sydney Ann Sheetenhelm</u>		17. INFORMANT AND ADDRESS <u>R. F. D. #1, Mrs. Ida Carpenter, Frederick, Md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>		18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Myocardial infarction</u>							
Antecedent cause(s) (b) <u>422.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>							
Other significant conditions (c) <u>93e</u>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>undated</u> , 19 <u>51</u> , to <u>May 5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 5</u> , 19 <u>51</u> , and that death occurred at <u>5:45 P</u> m., from the causes and on the date stated above.							
SIGNATURE <u>B. H. H.</u>		(Degree or title) <u>M. D.</u>		ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>7 May 1951</u>	
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>8 May 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>7 May 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison &amp; Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



RECEIVED  
MAY 6 1951  
BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04884

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Fredrick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Gracekand</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont - rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Amarda</u> (Middle) <u>Rebecca</u> (Last) <u>Stull</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>11</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 3, 1873</u>
9. AGE last birthday <u>77</u> yrs.		10. If under 1 year: Months <u>10</u> Days <u>11</u> Hours <u>19</u> Min. <u>51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jacob Martin</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Marshall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>Lemuel Bowens Gracekand Md</u>	
17. INFORMANT AND ADDRESS			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

?

## Antecedent cause(s)

(b)

Arteriosclerosis

?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, or office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour) (m.)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec. 1, 1950, to May 11, 1951, that I last saw the deceased alive on May 10, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

M. Franklin Bunch M.D. Thurmont, Md. May 12, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	<u>May 13, 1951</u>	<u>Mt. Pleasant</u>	<u>Levinstown,</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 13, 1951</u>	<u>Blanche S. Eyles</u>	<u>B. B. Weaver &amp; Son</u>	<u>Thurmont - Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

04885

Reg. Dist. No. 152

1. PLACE OF DEATH COUNTY <b>Frederick</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Braddock Heights</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Braddock Heights</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Jefferson Boulevard</b>		STREET ADDRESS (If rural, give location) <b>Jefferson Boulevard</b>	
3. NAME OF DECEASED (Type or Print) <b>BESSIE Catherine</b>		4. DATE OF DEATH (Month) <b>5</b> (Day) <b>20</b> (Year) <b>1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>30 Oct 1894</b>
9. AGE last birthday <b>56</b> yrs.		10. KIND OF BUSINESS OR OCCUPATION <b>Manager-Insurance Dept. Insurance Business</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Amideas C. Wilhide</b>		14. MOTHER'S MAIDEN NAME <b>Mary S. Devilbiss</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>None</b>	
17. INFORMANT AND ADDRESS <b>Henry Thackston, Braddock Heights, Md.</b>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <b>Coronary Occlusion</b>		<b>Immediate</b>
Antecedent cause(s) (b) <b>420.1 Disease or conditions, if any, giving rise to the above cause stating the underlying cause last</b>		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) <b>DEATH 5-20-51 4 A m.</b>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE **P. W. Baer** (Degree or title) **Deputy Medical Examiner, Frederick, Maryland** ADDRESS **20 May '51** DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>23 May 1951</b>	NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>	LOCATION (City, town, or county) (State) <b>Frederick, Maryland</b>
DATE REC'D BY LOCAL REG. <b>23 May 1951</b>	REGISTRAR'S SIGNATURE <b>Marie. Gladhill</b>	24. FUNERAL DIRECTOR <b>M. R. Etchison &amp; Son, Frederick, Maryland</b>	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 4 1951  
BUREAU Y. I.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04886

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 13 Hamilton Avenue	
3. NAME OF DECEASED (First) CHARLOTTE	(Middle) INEZ	(Last) VIRTS	4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 15 March 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY House-work	9. AGE last birthday 41 yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles H. Burger		14. MOTHER'S MAIDEN NAME Bertha M. Wilhide	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Leon J. Virts, 13 Hamilton Ave., Frederick, Md.			

## 18. MEDICAL CERTIFICATION

## I. DISEASES, OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Acute Myelogenous Leukemia

1 year

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

Anemia + Exhaustion

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 25 1950, to May 9, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

H. Lawrence Fahmy M. D.

Frederick, Maryland

10 May 1951

23. BURIAL, CREMATION (Specify) Burial	DATE THEREOF 12 May 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
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DATE REC'D BY LOCAL REG. 10 May 1951	REGISTRAR'S SIGNATURE Elizabeth G. Hech	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
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MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 14 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 04887 37

1. PLACE OF DEATH- COUNTY <b>Frederick</b> STATE <b>MARYLAND</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Unionville</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Unionville</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <b>JESSE</b>	(Middle) <b>T.</b>	(Last) <b>WEST</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>married</b>	8. DATE OF BIRTH <b>10-21-1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self-employed</b>	9. AGE last birthday <b>55</b> yrs.
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>John West</b>		14. MOTHER'S MAIDEN NAME <b>Mollie Butler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>N.W. 1</b>	
17. INFORMANT AND ADDRESS <b>Mrs. Lottie West, Unionville, Md.</b>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

**Uremia**

## INTERVAL BETWEEN ONSET AND DEATH

**1 week**

## Antecedent cause(s)

(b)

**Cirrhosis (Lannec's)****10 yrs.**

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

**Hypertensive C.V.D.****unknown**

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) **INJURY**

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 1**, 19**50**, to **May 22**, 19**51**, that I last saw the deceased alive on **May 22**, 19**51**, and that death occurred at **11:10 P.** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

**M. E. Robertson****M.D.****New Windsor, Md.****5/23/51**

## 23. BURIAL, CREMATION, REINTERMENT (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

**BURIAL****5-25-1951****Linganore****Frederick Co., Md.****May 25/51****Dr. D. C. Jones****C.M. Waltz, Winfield, Md.**

5102-46

MARGIN RESERVED FOR BINDING

VS. A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
MAY 31 1951  
BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04888

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1614 North Market Street		STREET ADDRESS (If rural, give location) 1614 North Market Street	
3. NAME OF DECEASED (Type or Print)	(First) MOLLIE	(Middle) EVA	(Last) WINEBRENER
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 9, 1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Matron		10b. KIND OF BUSINESS OR INDUSTRY Institution	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Edward J. Winebrener, Sr.		14. MOTHER'S MAIDEN NAME Caroline Ebert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Miss Caroline Winebrener, Frederick, Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Cerebral hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

4 hours

## Antecedent cause(s)

(b)

Atherosclerosis

20 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 1, 1951, to May 1, 1951, that I last saw the deceased alive on May 4, 1951, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF May 7, 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 7 May 1951	REGISTRAR'S SIGNATURE Elizabeth G. Hech	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

764 936

RECEIVED  
MAY 9 1951  
BUREAU V. S.